

UTAH NEW HIRE REGISTRY REPORTING FORM

- > Photo Copy this Original for Future Use
- > **Important** Instructions on Reverse Side
- > PRINT Legibly in Ink, or Type All Entries
- > Please Write all Entries in CAPS
- > All Required Items **MUST** Be Completed

Submit within 20 days
of new employee's
first day of work to:

INTERNET

Utah New Hire Registry
P.O. Box 45247
Salt Lake City Ut 84145-0247
or FAX (801) 526-4391
<http://jobs.utah.gov/newhire>

REQUIRED EMPLOYER INFORMATION

1. Federal Employer
ID Number (FEIN)

2. Employer's
Name

3. Employer's Street
Address

4. Employer's
City

5. Employer's
State

6. Employer's
Zip Code

REQUIRED EMPLOYEE INFORMATION

7. Social Security
Number (SSN):

8. Employee's
First Name

9. Employee's
Middle Initial

10. Employee's
Last Name

11. Employee's Home
Address

12. Employee's
City

13. Employee's
State

14. Employee's
Zip Code

OPTIONAL EMPLOYEE INFORMATION

15. Date of Hire
(Month/Day/Year)

16. Date of Birth
(Month/Day/Year)

INSTRUCTIONS This form was created to report new hires by mail or fax. While we encourage employers to utilize this form, larger employers should consider submitting New Hire information on **diskette** or **CD**. We also strongly recommend entering the data on our web site or using an **EFT (Electronic File transfer), or SSH (server to server)**, this benefits both the employer and us. For further information on electronic reporting, please refer to the New Hire Registry Handbook or visit our web site.

<http://jobs.utah.gov/newhire> You can contact us at (801) 526-9235 or 1-800-222-2857 toll free.

REPORTING: Please typewrite or machine print using a dark simple print font with 10 to 12 pitch font. If hand-printed, use black ink **CAPITAL LETTERS** with clear character separation within the individual character boxes. The following examples are provided for machine print and hand-writing:

Typeprint :	First Name	ROBERT	SSN	123456789
Handwriting:	First Name	R O B E R T	SSN	1 2 3 4 5 6 7 8 9

IMPORTANT: This form is your **MASTER COPY**. For ease of use, we suggest that the "REQUIRED EMPLOYER INFORMATION" portion of the form be completed before making photocopies. Make adequate copies for your future use.

REQUIRED ITEMS must be completed. Forms submitted with missing data will be returned. The following information is provided for clarification:

Federal Employer ID Number: The 9-digit federal employer identification number used for Federal tax reporting. Do not place a hyphen between numbers.

Employer's Name: List the employer's legal name. If there is insufficient space on this line, you may extend the name into the first line of the Employer's Street Address as long as the second line provided for the address is sufficient for the whole address.

Employer's Address: The address where child support payment orders are sent.

Employee's Social Security Number: The 9-digit number issued by the Social Security Administration. Do not place hyphens between numbers. Forms and reports without a social security number will not be accepted.

OPTIONAL ITEMS

Date of Hire: This is the first day of work, not necessarily the date the employee was offered employment. The date of rehire is the first day an employee returns to work following an unpaid absence of a minimum of 6 consecutive weeks, provided the employer/employee relationship was severed and the employee was required to submit a new W-4 form to the employer.

Employee's Date of Birth: Provide the date by month, day and year with no hyphens.

Submission of New Hire Reports: You may choose the filing method that is most convenient for you. You may also submit a copy of the Employee's **W-4 Form** or a **printed list**. An employer who fails to timely report the hiring or rehiring of an employee as required by law is subject to a civil penalty of **\$25 to \$500** for each such failure. All of the required information must be provided within 20 calendar days of the employee's first day of work. Submit all data using the address, fax number or website printed on the front of the form.